

**New Jersey Department of Health and Senior Services  
Division of Aging and Community Services**

**INSTRUCTIONS FOR  
OFFICE OF WAIVER AND PROGRAM ADMINISTRATION  
REFERRAL (WPA-7)**

Please print and complete all referral information.

<b>Client's Name</b>	Enter the first name, middle initial and last name.
<b>Address:</b>	Enter client's street address, town and zip code.
<b>Telephone Number:</b>	Enter client's telephone number (Include area code).
<b>Social Security Number:</b>	Enter the client's own social security number.
<b>Medicaid Number:</b>	Enter the client's Medicaid number (if known)
<b>Date of Birth:</b>	Enter the client's date of birth (month/day/year).
<b>Spend down:</b>	Check Yes if client is current resident; No for non-resident.
<b>Referred by:</b>	Enter the name and title of the person completing the Office of Waiver and Program Administration Referral.
<b>Date:</b>	Enter the date of the referral (month/day/year).
<b>Agency/Facility:</b>	Provide the name of your facility or agency.
<b>Phone #:</b>	Enter the telephone number, include the area code.
<b>Contact Person:</b>	Enter the name of your facility's/program's contact person, and the complete phone number.
<b>Diagnosis:</b>	Provide the applicant's medical diagnosis, if known.
<b>Reason for Referral:</b>	The reason the applicant wishes to participate in the AL/AFC Component of the ECO Medicaid Waiver e.g. spend down-converting from private pay.
<b>Care Needs:</b>	State the care needs you have identified for the applicant.
<b>Community and Family Supports:</b>	List the names and telephone numbers of caregivers and family members.
<b>Pertinent Social Information:</b>	Provide current living situation if known, and activities in which the applicant participates on a daily or weekly basis. If applicant lives with a caregiver include the name and telephone number.
<b>Financial Information:</b>	To the extent gathered in the interview, provide the following:
<b>a. Monthly Income:</b>	Provide the monthly total for Social Security, Pension and any other income.
<b>b. Resources:</b>	Include bank accounts, stocks, bonds and sources.
<b>c. Face Value of Life Insurance Policy(ies)</b>	(cash value if known).